

2020 ATHLETIC DEVELOPMENT PROGRAM

PARENT DECLARATION AND MEDIA CONSENT

Student's Name: _____

Parent / Guardian Name: _____

Parent / Guardian Agreement

I hereby give permission for my son/daughter to participate in the Athletic Development Program, including incursions and excursions as arranged. I understand that further information and permission forms for all external excursions will be provided to me for my consent. I agree to meet all payments of fees on time, or as arranged with the Business Manager.

Multi Media Image and Video Permission

I _____ the parent / legal guardian of _____ agree to and provide permission for photographic, video, audio or any other form of electronic recording of the named student to be used by Greensborough College, School Sport Victoria or other partnership organizations for the purposes of marketing and student / team training.

I acknowledge and agree that ownership of any photographic, video, audio and any other form of electronic recording will be retained by Greensborough College.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Greensborough College without acknowledgement and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the school via the Principal.

Signature: _____

Date: ___/___/___

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MEDICAL AUTHORITY

This form must be completed by the parent/guardian of the student, and returned with the application.

CONFIDENTIALITY: *Please note that this information will only be made available to GC staff including coaches and support staff, as well as State and partnership organisations as appropriate and relevant medical authorities.*

This authority is completed with relation to:

_____ (Print student's name)

of

_____ (Print student's address)

List of known illnesses: (e.g. asthma, epilepsy, back injury, etc)

Give details of any operations or surgical procedures undergone within the past five years:

List any medication or drugs currently being taken:

Please provide any details of allergies that you child has, please be specific:

Does the student have ambulance cover? No Yes – member number _____

Parent / Guardian signature: _____

Date: ____ / ____ / ____

Medicare Number: _____

Family Doctor: _____ **Phone Number:** _____ **Medical**

Clinic: _____

If you have any questions regarding the application please contact Ms Marnie Hay at the General Office on 9433 2666 or alternatively email: hay.marnie.l@edumail.vic.gov.au

Applications should be completed & emailed by **Friday 16th August, 2019** with your named document to greensborough.sc@edumail.vic.gov.au Please use email subject title: "students name" "ADP 2020 Applications".